## 02019000

FE5AN018

## **FEC** FORM 3

1. NAME OF

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

For An Authorized Committee

USE FEC MAILING LABEL

SECRETARY OF THE SENATE 11 APR 20 AM 9: 47

Office Use Only

1.	. NAME OF USE FEC MA COMMITTEE (in full) OR TYPE OR			Example over the	Example:If typing, type over the lines					
۱F	riends of Christine O'Donr	nell		1 1 1	1 1 1 1				1 4 1 1 1	1
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A₽	DRESS (number and street)	P.O. Box 39	87					_111		لببب
	Check if different		1 1 1 1	1   1	1 1 1 1					
	than previously reported. (ACC)	Wilmington		1   1	1   1		DE		19807	
2.	FEC IDENTIFICATION NUMBER		CITY A				STAT	EA	ZIP CODE 🛕	
	C00449595		3. IS THE	S	NEW		х	AMENDEI		E ♥ DISTRICT
			REPO		(N)	OR	^	(A)		<u> </u>
4.	TYPE OF REPORT (C	hoose One)								
	(a) Quarterly Reports:		(b) 12-Day	PRE-Election Report for the:						
	April 15 Quartedy I	Report (O1)		Pri	mary (12P)		1	General (120	<del>à</del> )	Runoff (12R)
	April 15 Quarterly Report (Q1)			Co	nvention (12	2C)		Special (12S	)	
	July 15 Quarterly F	leport (Q2)				r			in the	
	X October 15 Quarte	rly Report (Q3)	Electio	n on	•	÷	-	- · .	State o	of -
	January 31 Year-E	(c) 30-Day	POST-Ele	ction Repo	rt for the:					
				Ge	neral (30G)			Runoff (30R)		Special (30S)
	Termination Report	t (TER)	Election	n on ·					in the State o	of •
	÷	· .								
5.	Covering Period 0.8	26	2010	'	through	. 09		30	2010	
l ce	rtify that I have examined this I	Report and to the I	pest of my know	vledge and	belief it is tr	ue, correc	ct and c	omplete.		
Тур	e or Print Name of Treasurer		_MATT.	HEW	MOR	RAN				
Sig	nature of Treasurer Electro	nically Filed by	MATT. Masks	lew 1	Mosa	1	Date	0 4	1 5	2011
NO	TE: Submission of false, error	neous, or incomple	ete information	may subjec	t the persor	n signing t	this Rep	ort to the per	nalties of 2 U.S.	.C 437g.
	Office Use Only								FEC FOR (Revised 02/2	